



Agency Community

User Profile Requestor (UPR) Enrollment Worksheet

Block A - Department/Agency/Bureau and Certifying Officer Information (To be completed by Certifying Officer)

(Please type or legibly print.)

Department/Agency/Bureau Name _____

Certifying Officer Name and Title _____

Address _____

Agency Location Codes: _____

Reporting Symbols: _____

I designate the individuals identified in Block B to serve in the capacity of CASHLINK II User Profile Requestor for the above named Department/Agency/ Bureau. I also acknowledge that I am accountable and responsible for the actions of these individuals while serving in the capacity of CASHLINK II User Profile Requestor, for the above named Department/Agency/Bureau. I further certify that the named individuals in Block B have been thoroughly briefed on their CASHLINK II security responsibilities.

(Certifying Officer's Signature)

(Date)

(Area Code)- (Phone Number)

Block B - UPR Information (To be completed by Certifying Officer)

(Please type or legibly print.)

1. Primary UPR (Required)

First Name: _____

Last Name: _____

Position: _____

Employer: _____

Mailing Address: _____

City: _____

State (USA only): _____

Zip code: _____

Country: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

2. Secondary UPR (Required)

First Name: _____

Last Name: _____

Position: _____

Employer: _____

Mailing Address: _____

City: _____

State (USA only): _____

Zip code: _____

Country: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Check one: • Department/Agency/Bureau Employee • Contractor

Check one: • Department/Agency/Bureau Employee • Contractor



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Instructions

1. General Information.

The Certifying Officer is held accountable for the receipt or payment transactions applied to his/her Agency Location Codes (ALCs) and/or Reporting Symbols. For CASHLINK II purposes, the Certifying Officer has the authority and responsibility for identifying individuals within the Department, Agency or Bureau that can access CASHLINK II to view, download or originate certain transactional requests against the Department, Bureau or Agency receipt or payment transactions as recorded in CASHLINK II for the designated ALCs and/or Reporting Symbols.

The User Profile Requestor (UPR) is an individual designated by the Certifying Officer to be the Department/Agency/Bureau's first enrollee into CASHLINK II. The UPR has the ability to request that additional personnel within his/her Department/Agency/Bureau, as approved for such by the Certifying Officer, be granted access to the functions, inquiries, outputs, and notifications available in CASHLINK II for the Department/Agency/Bureau's designated ALCs and/or Reporting Symbols. The basic functions performed by the UPR are as follows:

- Requests creation of and updates to CASHLINK II user profiles for Department/Agency/Bureau personnel;
- Distributes User IDs and Temporary Passwords to Department/Agency/Bureau personnel granted access to CASHLINK II; and
- Periodically re-certifies to CASHLINK II that Department/Agency/Bureau personnel are still authorized to access CASHLINK II.

The individual(s) designated as UPR(s) may be assigned other Roles within CASHLINK II; however, a UPR is the only individual within the Department/Agency/Bureau that can electronically request additional Department/Agency/Bureau personnel be granted access to CASHLINK II.

2. Block A - Department/Agency/Bureau and Certifying Officer Information.

Please provide the following:

- Department/Agency/Bureau Name
- Certifying Officer Name and Title
- Address
- Agency Location Codes to which receipts or payments are applied
- Reporting Symbols to which receipts or payments are applied
- Certifying Officer's Signature, Date, and Phone Number

3. Block B - UPR Information.

Two individuals should be designated as a UPR. For each of the designated UPRs, please provide all of the information required in Blocks B1 and B2.

Note: If the designated UPR is a Contractor employee, enter the name of the Contractor's employer in the Employer line and provide the mailing address, phone number, fax number and email address where the designated UPR can be reached.

4. Worksheet Delivery.

Mail the completed UPR Enrollment Worksheet to:

System Security Administrator
Riggs Bank, NA
CASHLINK II Operations
5700 RiverTech Court RN-210
Riverdale, Maryland 20737

5. Questions.

Contact the CASHLINK II Call Center:

1-800-346-5465
301-887-6600 (DC & International)

For SSA Use Only

Date Worksheet Received __/__/____
(mm/dd/yyyy)

Community: Agency

Date Worksheet Processed __/__/____
(mm/dd/yyyy)

User Group _____

Processed by _____
(SSA Name)